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**DEPARTMENT  
POLICY****All Programs**

The **paper case record** consists of a folder, arranged in packets and identified by a client name, recipient ID or case number, established for a particular client group. The case record contains all forms, documents and other evidence relevant to the group's current and past eligibility.

The **electronic case file (ECF)** consists of scanned documents, arranged by category and identified by a client name, recipient ID or case number, established for a particular client group. The ECF contains all forms, documents and other evidence relevant to the group's current and past eligibility.

Policy in this item explains what must be in the case record (both paper and electronic) and provides guidelines for organizing it.

All local offices must follow a uniform system of records with the minimum content and organization described in this item. This ensures that material is recorded and filed in a manner readily available and understandable to all Michigan Department of Health & Human Services (MDHHS) staff who use it.

Documents (including MDHHS forms), notices and other written correspondence regarding the group's eligibility, benefit status or benefit level that are produced in Bridges can be retained in Bridges and do not need to be copied into the case record.

Electronic documents are routed to Bridges for viewing and storing based on levels. Document levels are divided by case level, individual level, or provider level. Individual level documents will be viewable in all cases associated to the individual.

Documents provided by the client or produced in Bridges that contain pertinent information in determining eligibility must be in the case record.

Examples include:

- Birth registry verification.
- Consolidated inquiry information (CI).
- Child support information.
- Unemployment benefit information (UCB).
- Pay stubs.

- MDHHS forms returned to MDHHS completed with requested information.

For **MA only**, if a single application form and other documents are used for persons with separate case numbers (example: spouses), the local office has the option to maintain separate case records by copying or cross-referencing the materials.

Unless captured in Bridges the case record must document **all** of the following:

- Date of application and, for **MA only**, date of a request for initial asset assessment, if applicable.
- Date and basis for disposition of the application/request.
- Facts essential to the eligibility determination.
- Amount or level of benefits.
- Actions taken by the local office regarding the case.

## DEFINITIONS

**Active case record:** record is pending or open for current benefits.

**Case filing:** loose documents, verification etc. that need to be placed within a packet in the case record.

**Case packet:** a group of information placed together for easy reference. The first page of each case packet is a DHS-3524 Bridges, Case Record Packet Cover Sheet that identifies the type of packet (see packet types in this item).

**Exception:** The first page of the Employment Packet is a DHS-3524 BE, Employment Packet Cover Sheet.

**Case Record:** documents and information related to a given case (one or more programs) arranged in a series of packets and contained in a folder identified by a case name, grantee ID, or case number.

**Closed file area:** a place designated by the local office where closed records and denied records are stored.

**Note:** In many local offices both closed and obsolete records are stored in the same location.

**Closed record:** complete case record that has no active programs. Case record that is in a holding area (usually called closed files) waiting for either the retention period to expire or for the client to reapply.

**Example:** When an individual/family loses eligibility for all programs the complete case record is sent to closed files.

**Obsolete:** case information that is no longer in use and is not essential to support **current eligibility** and benefits. Store in chronological order.

**Example:** Jane Doe is active for FAP and FIP, she has been active for a number of years. The documentation used for eligibility in previous years is no longer needed, this information can be placed in the obsolete packet. Keep in mind the original DHS-1171, Assistance Application, (from this concurrent benefit period) along with the current DHS-1171 should remain in the eligibility packet.

**Example:** Jane Doe received benefits in Michigan until last year when she moved to Florida. At the time of the move her case was closed and the case record was sent to closed files. Today she moved back to Michigan and applied for assistance. The closed file will be removed from the closed file area and given to the FIS/ES. If she is found eligible for benefits the FIS/ES will send all information not needed for current eligibility to obsolete files.

## Confidential Nature of Case Records

Federal and state laws restrict the use and release of client information; see BAM 310, DEPARTMENT POLICY.

## Record Retention

### Paper, ECF

No case record material can be removed and/or destroyed unless MDHHS policy regarding retention and disposal is met. The Department of Technology, Management and Budget has general instructions for record management at [www.michigan.gov/records](http://www.michigan.gov/records) management. Specific local office requirements are found on the MDHHS-Net under Communications/Inside Michigan/Work Resources/Records Management.

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## PACKETS/TABS

Paper case records must have information organized into packets. Each case record will have an Eligibility Packet and a Vital Statistics Packet. The other packet types, such as; child development and care, emergency programs, incorrect issuance (recoupment), legal and medical will be required if it pertains to the case record.

The ECF has information organized into tabs. Each record will have an Application tab and a Vitals tab. Other examples of tabs include income, assets, etc. Documents in the ECF are stored chronologically from oldest to newest.

### Eligibility Packet

#### Paper

The first page of each packet is a DHS-3524, Case Record Packet Cover. Fasten packets in the upper left corner. Generally, material is to be filed chronologically, the most recent information at the **back** of the packet.

Use this packet for information related to current eligibility and benefit amount. File certain documents in the vital statistics packet.

Place the following eligibility material (when applicable) in the order listed below:

- The most recent assistance application such as DHS-1171, Filing Form, completed DHS-2063B, Food Assistance Benefits Redetermination Filing Record if returned. These forms must remain in this packet as long as the case is open. If the case closes and reopens, move these forms to the obsolete packet.
- Copies of all materials used at the most recent case opening (**except** vital statistics-related materials). Group these by type (such as: asset-related). Other than income verification, keep these in this packet as long as the case is open. If the case closes and reopens, move any material no longer relevant to the obsolete packet. The application form used in the most recent **redetermination**. File it in the obsolete packet when it is no longer current. Documentation of client contacts from home calls or office visits relating to current eligibility. Move documents no longer related to current eligibility to the obsolete packet.

- Copies of all materials used in the most recent eligibility determination (such as: member add, redetermination) **except** documents filed in the vital statistics packet. Group these by type.
- Copies of all documentation of budgetary needs unless stored in Bridges. Move these to the obsolete packet when no longer current.
- Current income documentation. Move documentation to the obsolete packet when no longer current.
- Place FIP/SDA worksheets showing an ongoing recoupment amount in the obsolete packet when recoupment is complete; see incorrect issuance packet in this section.
- Copies of all documentation regarding audits or correspondence with the office of Quality Assurance.
- All documentation pertaining to direct supportive services.

### ECF

The ECF does not contain an Eligibility packet/tab. Documents are stored under the appropriate tab.

### Vital Statistics Packet

#### Paper, ECF

Use this packet for documents expected never to (or only infrequently) change, even after closures and reopenings. Include the following for each group member **unless** an item is more useful in the eligibility packet:

- Adoption records.
- Alien registration card.
- Birth certificate.
- Death certificate.
- Divorce decree.
- Driver's license or other ID card.
- Social Security card.
- DHS-8A, Irrevocable Funeral Contract Certification.
- Marriage certificate.
- Naturalization records.

- Passport.
- Paternity records.
- Power of attorney/guardianship papers.
- Prepaid funeral contract.
- Special MA category verification
- Support order (most recent).
- Americans with Disability Act (ADA) documentation.
- Need for translator or material to be translated; DHS-848, Certification of Translation/Interpretation for Non-English Speaking Applicants or Recipients.

### State Emergency Relief (SER) Program Packet

#### Paper

This packet is required for all State Emergency Relief (SER) requests and approvals; See ERM 405, SER Case Record.

#### ECF

The ECF does not contain an SER packet/tab. Documents are stored under the appropriate tab.

### Medical

#### Paper, ECF

Use this packet for all medical reports, forms, correspondence, etc., regarding medical eligibility **including** items related to current eligibility or benefits. File all SSI referral and advocacy-related forms in the medical packet. Any client that has an active or pending program that is based on a medical determination, such as: State Disability Assistance (SDA), Medicaid due to disability or blindness, or a Family Independence Program (FIP) case where there is a claim of disability, the medical packet and **all** medical documentation **must** stay in the active case record.

**Example 1:** If a case closes and the client reapplies for a program that is based on a medical decision the complete medical packet **must** remain in the active case record and all new medical evidence must be added to the medical packet in chronological order.

**Example 2:** Client is active for a program based on disability and they are approved for Supplemental Security Income (SSI) or

Retirement Survivor Disability Insurance (RSDI) (based on their own disability) the medical packet can be sent to obsolete/closed file area.

**Example 3:** Client had a case based on a medical determination Example: SDA or Medicaid based on disability or blindness, or a FIP case where there was a claim of disability and the client is no longer active or pending for that program, the medical packet can go to obsolete/closed file area. Examples would include a FAP or Child Development and Care (CDC) only case. However if this client re-applies for any program where a medical determination is necessary, the existing medical packet would need to be placed back into the active case record and the new medical information would be added to the packet in chronological order.

## Legal Packet

### Paper, ECF

Use this packet for all documents, forms, correspondence, client-signed agreements, etc., regarding legal matters, hearings and Intentional Program Violation (IPV) disqualifications, **including** items related to current eligibility or benefits.

**Never obsolete** materials in this packet.

**Note:** All hearing Decision and Orders, court actions, notices of intentional program violation, intentional program violation repayment agreement and all other documents that result in an IPV **must** never be obsoleted. The Michigan Administrative Hearings System (MAHS), courts and the Office of Inspector General (OIG) must have documentation on all past IPV's to impose a sequential disqualification.

## Employment Packet

### Paper

Use this packet for all information pertaining to the following:

- Direct support service purchases that have a lifetime maximum. Bridges will track all purchases made in Bridges, however all life time purchases made prior to Bridges will need to be maintained in this packet.

- Work participation program information that is **not** maintained in Bridges and information printed from Bridges and entered into evidence at a work participation program related hearing.
- Work participation program penalty tracking information. Administrative law judges (ALJs) will require verification of all prior penalties before giving the next higher penalty.

### ECF

The ECF does not contain an Employment packet/tab. Documents are stored under the appropriate tab.

## Child Development and Care Packet

### Paper

Use this packet for all case information related to provision of CDC services.

CDC case information in this packet may be obsoleted at case review, however the original application and supporting verifications from the most recent case opening must be maintained in the case record. The retention period for CDC case information is **four years** after CDC case closure to conform with federal audit requirements.

### ECF

The ECF does not contain a CDC packet/tab. Documents are stored under the appropriate tab.

## Child Development and Care Provider File

Effective January 1, 2013, all new unlicensed provider enrollments and the associated files are completed and maintained by the Provider Enrollment Unit (PEU) at the Michigan Department of Education (MDE). Unlicensed provider applications or verifications that are received in the local office should be date stamped, scanned and sent to: CDCproviderenrollment@michigan.gov. Local offices should retain the scanned information for 90 days from the date it was sent. After the 90 day retention period, the information can be destroyed.

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Unlicensed provider applications or documents should be retained for three years after the date of inactivity or closure.

## **Incorrect Issuance Packet**

### **Paper, ECF**

Use this packet for documents related to benefit overissuance or underissuance. File all hearing Decision and Orders, court actions, notices of intentional program violation, intentional program violation repayment agreement and all other documents that result in an IPV in the Legal Packet. MAHS, courts and OIG must have documentation on all past IPV's to impose a sequential disqualification.

Never obsolete these records. Cross-reference the legal packet when needed.

Group all material chronologically that relates to the same incorrect issuance. This can include:

- Overissuance (OI):
  - ARS and BRS overissuance history.
  - DHS-234, Release Plan.
  - DHS-1172s, FIP/SDA Worksheet; see Eligibility Packet in this item.
  - DHS-1835C, Fraud Investigation Disposition Report.
  - DHS-2242s, FAP Worksheet, or LOA FAP Worksheet showing the OI amount.
  - DHS-4355, Agreement to Repay Debt.
  - DHS-4357, Intentional Program Violation Client Notice.
  - DHS-4358, Notice of Agency or Client Error Overissuance and Recoupment Action.
  - DHS-4358-A, Notice of Overissuance.
  - DHS-4358-B, Agency and Client Error Information and Repay Agreement.

- DHS-4358-C, Overissuance Summary.
- DHS-4358-D, Hearing Request for Overissuance or Recoupment Action.
- DHS-4701, Overissuance Referral.
- Plain paper with the OI calculation, if needed.
- OI-related hearing decision, withdrawal or note that the client failed to show for the hearing.
- OI-related correspondence and other documents
- Debt collection hearing decision and related documents.

**Do not obsolete** overissuance documents until four years after the overissuance event is paid off or written off.

**Note:** Documentation listed above generated by the recoupment specialist or designed staff person must be forwarded to the case record as soon as administratively possible.

- Underissuance:
  - DHS-13, Supplemental Payment Authorization.
  - DHS-521, Notice of Restoration Letter.
  - DHS-1172s, FIP/SDA Worksheet or LOA Worksheet showing the underissuance.
  - DHS-2242s, Food Assistance Program Worksheet or LOA FAP Worksheet showing the underissuance.
  - DHS-3925, Restoration of Lost Food Stamp Benefit, or LOA OI/UI Summary.
  - Plain paper with the underissuance calculation, if needed.
  - Correspondence and other documents related to the supplementation. At local office option, underissuance materials may be placed in the obsolete packet after the client supplement is issued.

**Note:** The Incorrect Issuance (OI) packet/tab is restricted to recoupment specialists only for entry and deletion.

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## Obsolete Packet

### Paper, ECF

Use this packet for information no longer in use and **not** essential for current eligibility. This includes forms documenting MDHHS actions which are immediately obsolete (such as, retro MA determination).

Place the date the case record became obsolete on the case packet cover sheet prior to sending the material to obsolete files.

**Note:** A purge anytime on or after date can be added on the cover sheet if known.

Do **not** file evidence of **ongoing** recoupment, legal materials, or Initial Asset Assessment documentation in this packet.

Establish a separate obsolete folder if this packet grows too large for the case record. Identify the folder by client name and/or case number and the word **obsolete**.

## Initial Asset Assessment Packet

### Paper, ECF

Use this packet for documents and verification related to an initial asset assessment; see BEM 402. Such material includes:

- Verification of the value of the couple's assets.
- DHS-4574-B, Assets Declaration.
- DHS-4585, Initial Asset Assessment and Asset Record.
- DHS-4586, Asset Transfer Notice.
- DHS-4588, Initial Asset Assessment Notice.

**Never** obsolete materials in this packet.

## OTHER CASE RECORDS

## Department Wards

Department wards are eligible for MA. Case information is maintained in children's services case records. Retro MA determinations must be filed in those services records; see BEM 117.

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**SSI Cases**

Establish a case record when central office opens SSI Medicaid based on information from SSA. It will not contain an application or eligibility packet; see BEM 150.

**Newborns**

When a separate case is opened for a newborn (such as, mother on Medicaid based on disability or blindness and newborn on Medicaid for newborn), **cross-reference** the cases. Establish a case record when MSA opens Medicaid for the newborn. File documents in either case record. The newborn's record will **not** contain an application or eligibility packet; see BEM 145, Newborns.

**LEGAL BASE****FIP**

45 CFR 205.60(a)(1)  
MCL 400.55 (g)

**CDC**

Child Care and Development Block Grant of 1990; as amended,  
Public Act 6 of 2015  
45 CFR Parts 98 and 99  
Social Security Act, as amended

**SDA**

Annual Appropriations Act  
Mich Admin Code, R 400.3151-400.3180

**SER**

Mich Admin Code, R 400.7001, et. seq.

**MA**

42 CFR 431.17(b)

**Food Assistance Program**

7 CFR 272.1(f)

